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PTO/SB/50 (06-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	118839-00101
First Named Inventor	Francis C. CARROLL
Original Patent Number	6,530,162 B1
Original Patent Issue Date (Month/Day/Year)	March 11, 2003
Express Mail Label No.	

APPLICATION FOR REISSUE OF:

(Check applicable box)

Utility Patent

Design Patent

Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. 1.175) (PTO/SB/51 or 52)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. 3.73(b) Statement
(PTO/SB/96)
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. Statement of status and support for all
changes to the claims. See 37 CFR 1.173(c).
11. Original Patent Grant
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Citations
14. English Translation of Reissue Oath/Declaration
(if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS

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Name (Print/Type)	Victor M. Wigman	Registration No. (Attorney/Agent)	25,201
Signature		Date	03/11/2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	118839-00101
	First Named Inventor	Francis C. Carroll
	Original Patent No.	6,530,162 B1
	Original Patent Issue Date (Month/Day/Year)	March 11, 2003

Claims as Filed - Part 1						
Claims In Patent	For	Number Filed In Reissue Application		Number Extra	Rate	Fee
11	Total Claims	11	-20	0	\$18	\$0.00
	Independent	8	-3	5	\$86	\$430.00
Basic Fee						\$770.00
Total of Above Calculations						\$770.00
<input checked="" type="checkbox"/> Reduction by 50% for filing by Small Entity						-\$600.00
Total Filing Fee						600.00
Claims as Amended - Part 2						
	Claims Remaining After Amendment	Highest Number Previously Paid For		Extra Claims	Rate	Fee
Total Claims	18	20		0	\$18	\$0.00
Independent	9	8		1	\$86	\$86.00
Total of Above Calculations						\$0.00
<input checked="" type="checkbox"/> Reduction by 50% for filing by Small Entity						-\$43.00
Total Additional Fee						\$43.00
TOTAL FEE						\$643.00

Applicant claims small entity status. See .37 CFR 1.27.

Please charge Deposit Account No. 23-2185 in the amount of _____.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 23-2185.
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A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

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3/11/04

Date

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Typed or printed name



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